

Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspection results based on Minnesota Pollution Control Agency (MPCA) requirements and attached supporting documentation – additional local requirements may also apply. Further information can be found here:
<https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>.

Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance.

Property information

Local tracking number: _____

Parcel ID# or Sec/Twp/Range: 070272124 0010 Local regulatory authority: Washington County
Property address: 7117 Goodview Ave. S. Cottage Grove, Mn. 55016
Owner/representative: Scott Perry Owner's phone: 651-263-2447
Brief system description: 2 septic tanks to gravity drainfield

System status

System status on date (mm/dd/yyyy): 07/22/2021

Compliant – Certificate of compliance*

(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)

***Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.**

Noncompliant – Notice of noncompliance

An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.

Reason(s) for noncompliance (check all applicable)

- Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- Other Compliance Conditions (Compliance component #3) – *Failing to protect groundwater*
- System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) – *Failing to protect groundwater*
- Soil separation (Compliance component #5) – *Failing to protect groundwater*
- Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

Comments or recommendations

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Business name: David R Brown

Certification number: 9370

Inspector signature: DRB

License number: 3649

(This document has been electronically signed)

Phone: 651-788-3296

Necessary or locally required supporting documentation (must be attached)

- Soil observation logs
- Locally required forms
- Tank Integrity Assessment
- Operating Permit
- Other information (list): _____

1. Impact on public health – Compliance component #1 of 5

Compliance criteria:

System discharges sewage to the ground surface Yes* No

System discharges sewage to drain tile or surface waters. Yes* No

System causes sewage backup into dwelling or establishment. Yes* No

Any "yes" answer above indicates the system is an imminent threat to public health and safety.

Describe verification methods and results:

Attached supporting documentation:

Other: _____

Not applicable

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:

System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit? Yes* No

Sewage tank(s) leak below their designed operating depth? Yes* No

If yes, which sewage tank(s) leaks:

Any "yes" answer above indicates the system is failing to protect groundwater.

Describe verification methods and results:

Attached supporting documentation:

Pumped at time of inspection

Name of maintenance business: Meyer's

License number of maintenance business: 915

Date of maintenance: 7/22/2021

Existing tank integrity assessment (Attach)

Date of maintenance (mm/dd/yyyy): _____ (must be within three years)

(See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))

Tank is Noncompliant (pumping not necessary – explain below)

Other: _____

3. Other compliance conditions – Compliance component #3 of 5

3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?

Yes* No Unknown

3b. Other issues (*electrical hazards, etc.*) to immediately and adversely impact public health or safety? Yes* No Unknown

**Yes to 3a or 3b - System is an imminent threat to public health and safety.*

3c. System is non-protective of ground water for other conditions as determined by inspector?

Yes* No

3d. System not abandoned in accordance with Minn. R. 7080.2500?

Yes* No

**Yes to 3c or 3d - System is failing to protect groundwater.*

Describe verification methods and results:

Attached supporting documentation: Not applicable _____

4. Operating permit and nitrogen BMP* – Compliance component #4 of 5 Not applicable

Is the system operated under an Operating Permit?

Yes No If "yes", A below is required

Is the system required to employ a Nitrogen BMP specified in the system design? Yes No If "yes", B below is required

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria:

a. Have the operating permit requirements been met? Yes No

b. Is the required nitrogen BMP in place and properly functioning? Yes No

Any "no" answer indicates noncompliance.

Describe verification methods and results:

Attached supporting documentation: Operating permit (Attach) _____

5. Soil separation – Compliance component #5 of 5

Date of installation 2005 Unknown
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging? Yes No

Compliance criteria (select one):

5a. For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment: Yes No*

Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

5b. Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment: Yes No*

Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*

5c. "Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080. 2350 or 7080.2400 (Advanced Inspector License required) Yes No*

Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

Attached supporting documentation:

- Soil observation logs completed for the report (Attach)
 Two previous verifications of required vertical separation (Attach)
 Not applicable (No soil treatment area)

Indicate depths or elevations

A. Bottom of distribution media	29"
B. Periodically saturated soil/bedrock	66"
C. System separation	37"
D. Required compliance separation*	36"

*May be reduced up to 15 percent if allowed by Local Ordinance.

***Any "no" answer above indicates the system is failing to protect groundwater.**

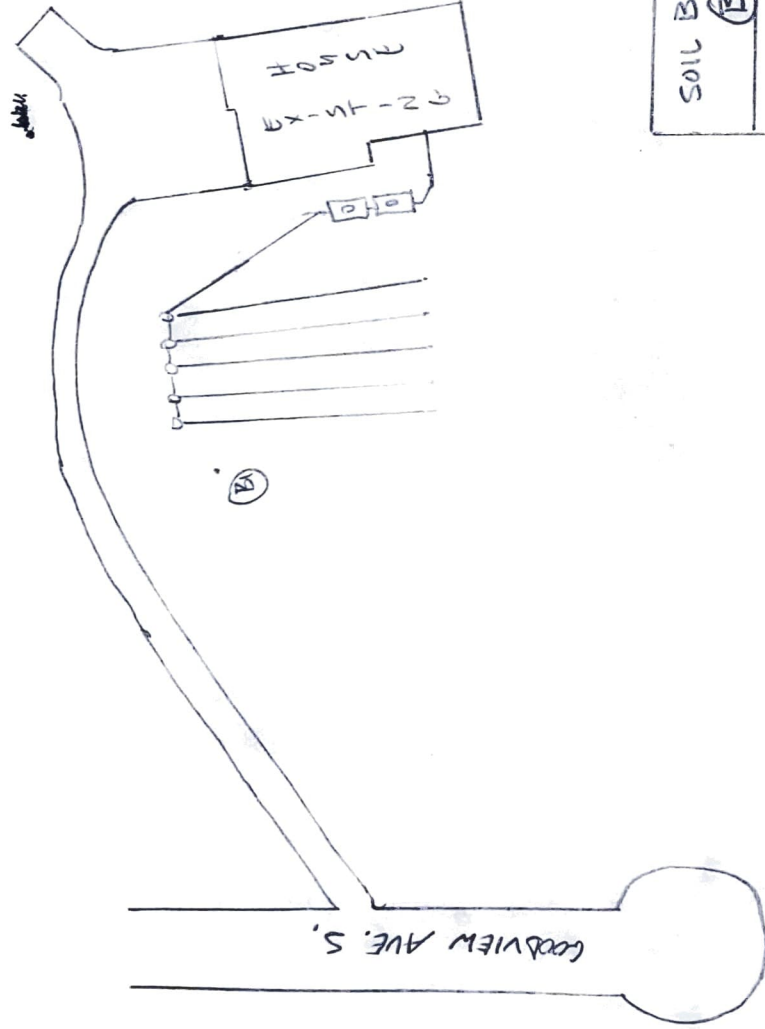
Describe verification methods and results:

Upgrade requirements: (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.

7117 GOODVIEW AVE. S. COTTAGE GROVE, MN.

NT

NO SCALE



SOIL BORING LOG

(B1)

0"-10" = 10YR2/3 SANDY LOAM

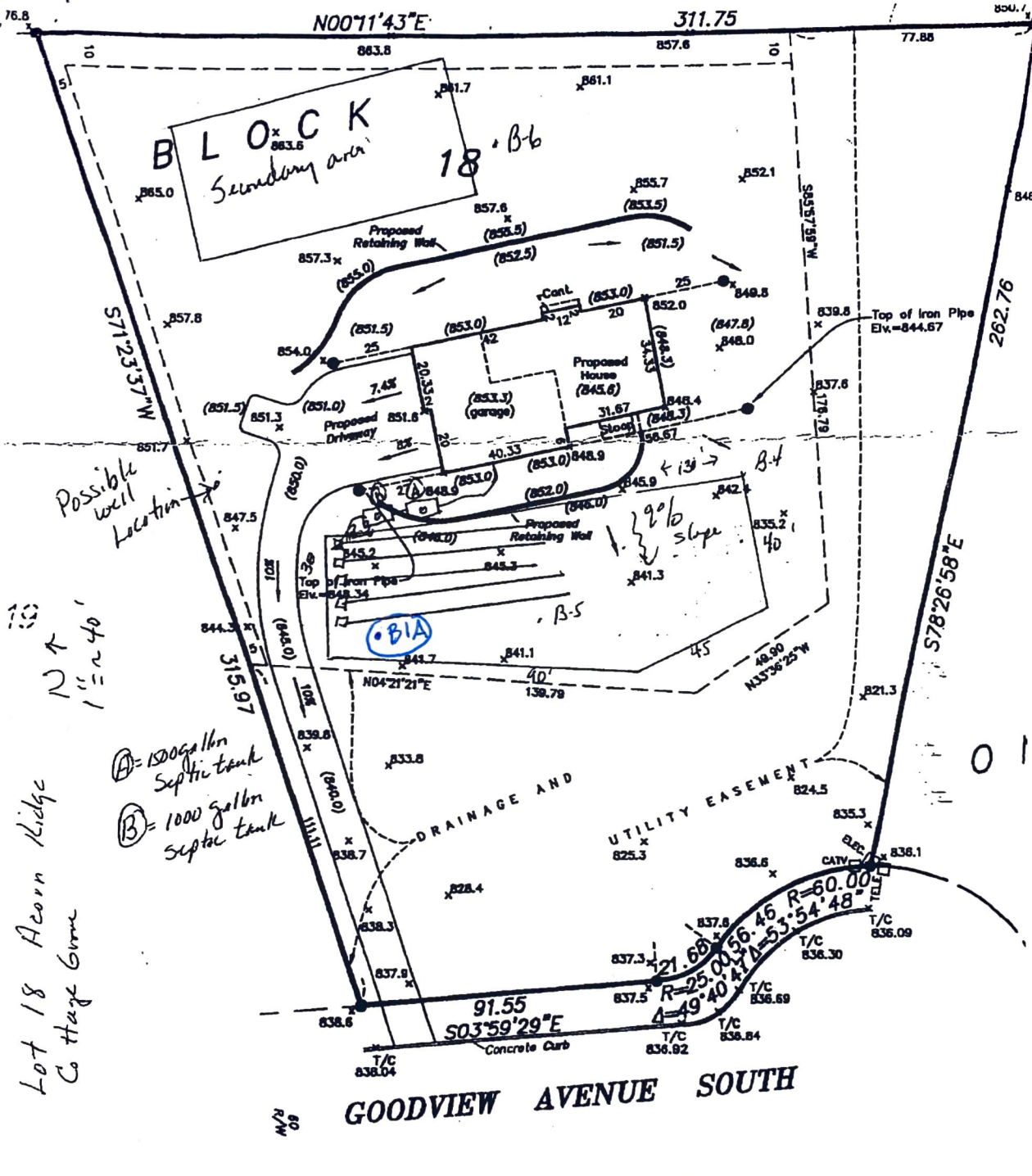
10"-23" = 10YR3/4 SILT

23"-28" = 10YR3/6 SILT

28"-40" = 10YR 4/6 CLAY

40"-56" = 10YR5/6 CLAY

56"-66" = 10YR5/6 MEDIUM SAND



Block 1,
DGE,
n County, Minnesota.

13

MIDWEST
Land Surveyors & Civil Engineers, Inc.

I hereby certify that this survey, plan or report was prepared by me or under my direct
 and
 No certification whatsoever is extended to subsequent owners, mortgagees or title insure
 has been redated for this purpose by the surveyor.



Department of Public Health and Environment
 14949 62nd Street North PO Box 6
 Stillwater MN 55082-0006
 Office: 651-430-6655 TTY: 651-430-6246 Fax: 651-430-6730

Review Fee:	\$215.00
Permit Fee:	\$225.00
Total Fee:	\$440.00
Previous Payment	\$0.00
Balance Due	\$440.00

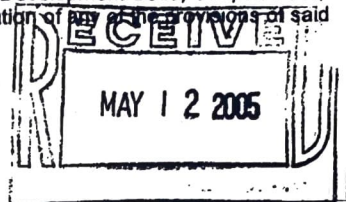
PE # 454

Community: Cottage Grove
 Permit Number: 2200-05-3
 Owner: Shade Tree Constuction
 18530 Ulysess ST E
 Big Lake MN 55011-
 Applicant: Shade Tree Constuction

PERMISSION IS HEREBY GRANTED

To execute the work specified in this permit on the following identified property upon express condition that said persons and their agents, and employees shall conform in all respects to the provisions of Ordinance #128, Washington County Development Code, Chapter Four, Individual Sewage Treatment System Regulations. This permit may be revoked at any time upon violation of any of the provisions of said ordinance.

Project Address: *2117* 2114 Goodview AVE S
 Geo Code: 07-027-21-24-0010
 Designer: Brown's Soil Testing



Type of System: Standard Drainfield		Pressure Distribution	
		N / A	
Design Criteria	Drainfield Sizing		
Percolation Rate: 35	Square Feet: 960		
Depth To Restriction: 66	Lineal: 320 Feet		
Land Slope: 9.00%	Depth Of Rock Below: 18 Inches		
Flow Rate: 600	Maximum Trench Depth: 30 Inches		
Number of Bedrooms: 4	Number Of Trenches: 6		
<input type="checkbox"/> Gravelless	Length Of Trenches: 64 Feet		
<input type="checkbox"/> Chambered	Spacing Of Trenches: 7 Feet		
Tank Sizes			
Tank 1: 1500	Tank 2: 1000	Tank 3: 0	Lift Station: 0

Authorized Work/Special Conditions

1. Building sewer can be no closer than 20 feet from well and must be pressure tested Schedule 40 within 50 feet.
2. Install individual sewage treatment system as per approved design in area tested and shown on the site plan.
3. Maximum trench depth 30 inches into natural soil.
4. Minimum 50 feet from septic tank/drainfield to well.
5. Pressure test line between house and holding tanks required if line is closer than 50 feet from well.
6. Rock only. No chambers. No gravelless.
7. Snow fence inspection required before issuance of permit.
8. System cannot be installed if frozen at trench depth.
9. This system must be installed by a certified/licensed sewage treatment system installer holding a current license with the Minnesota Pollution Control Agency. (A list of installers is available at your request.)

Permit Issue Date: 5/10/2005
 Permit Expiration Date: 5/10/2006

Christopher W. LeClair, REHS
 Senior Environmental Specialist

Individual Sewage Treatment System Inspection Form

Project Address: 7114 Goodview AVE S		Application ID: 2200-05-3	
Community: Cottage Grove		Geo Code: 07-027-21-24-0010	
Owner: Shade Tree Constuction		Type of System: Standard Drainfield	
Applicant: Shade Tree Constuction		Designer: Brown's Soil Testing	
Type of Installation: <input checked="" type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Other	Type of Inspection: <input type="checkbox"/> Site Review <input type="checkbox"/> Tank <input type="checkbox"/> Rough-Up <input type="checkbox"/> Treatment Area <input checked="" type="checkbox"/> Final	Inspector: <input type="checkbox"/> Pete Ganzel <input checked="" type="checkbox"/> Chris LeClair <input type="checkbox"/> Other	
Number of Bedrooms: _____	Inspection Dates: 5 AUG 2005		

Installer: MULHIVILL EXCAVATING

Site Review	Mounds / At-Grade
Date: _____ <input type="checkbox"/> Soil Boring <input type="checkbox"/> Soil Pit Depth of Pit/Boring _____ Comments _____	<input type="checkbox"/> Mound <input type="checkbox"/> At-Grade Absorption Area _____ Percent Slope _____ Sand Below Bed _____ Upslope Width _____ Rock Below Pipe _____ Downslope Width _____ Perf Size/Spacing _____ Sideslope Width _____ Pipe Size/Spacing _____ Pressure Bed Dimensions: Length _____ Width _____
Conclusions: <input type="checkbox"/> Site Suitable <input type="checkbox"/> Site Unsuitable <input type="checkbox"/> Additional Tests Required	

Sewage / Holding Tanks	Pump Information
Tank 1 <u>1500</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing Baffle Type <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> San-T <input type="checkbox"/> Concrete Tank 2 <u>1000</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	Lift Station Capacity _____ Feet of Head _____ Horsepower/GPM _____ Size of Discharge Line: _____ Gallons Per Cycle _____ Type/Location or Alarm _____ Gallons Per Minute _____

Trenches, Bed or Gravelless Drainfield	Setbacks																														
<input checked="" type="checkbox"/> Drop Box <input type="checkbox"/> Distribution Box <input checked="" type="checkbox"/> Gravity <input type="checkbox"/> Pump Trench <input type="checkbox"/> Pressure Bed <input type="checkbox"/> Serial <input type="checkbox"/> Parallel <input type="checkbox"/> Chambers <input type="checkbox"/> Gravelless <input type="checkbox"/> 8" <input type="checkbox"/> 10"	Building(s) to tanks <u>>10</u> Building(s) to drainfield <u>>20</u> Surface Water <u>N/A</u> Property Lines <u>>10</u> Wells <input type="checkbox"/> 50' <input type="checkbox"/> 100'																														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Trench Depth (in)</td> <td style="width:20%;">T1 <u>24-30</u></td> <td style="width:20%;">Trench Length (ft)</td> <td style="width:20%;">T1 <u>57</u></td> <td style="width:20%;">Trench Width</td> <td style="width:20%;">Rock Below Pipe</td> </tr> <tr> <td></td> <td>T2 <u>24-30</u></td> <td></td> <td>T2 <u>60</u></td> <td><input type="checkbox"/> 24"</td> <td><input type="checkbox"/> 6"</td> </tr> <tr> <td></td> <td>T3 <u>24-30</u></td> <td>L.F. = 322</td> <td>T3 <u>65</u></td> <td><input checked="" type="checkbox"/> 36"</td> <td><input type="checkbox"/> 12"</td> </tr> <tr> <td></td> <td>T4 <u>24-30</u></td> <td></td> <td>T4 <u>65</u></td> <td><input type="checkbox"/> Other _____</td> <td><input checked="" type="checkbox"/> 18"</td> </tr> <tr> <td></td> <td>T5 <u>24-30</u></td> <td></td> <td>T5 <u>75</u></td> <td></td> <td><input type="checkbox"/> 24"</td> </tr> </table> Trench Spacing <u>6'</u>	Trench Depth (in)	T1 <u>24-30</u>	Trench Length (ft)	T1 <u>57</u>	Trench Width	Rock Below Pipe		T2 <u>24-30</u>		T2 <u>60</u>	<input type="checkbox"/> 24"	<input type="checkbox"/> 6"		T3 <u>24-30</u>	L.F. = 322	T3 <u>65</u>	<input checked="" type="checkbox"/> 36"	<input type="checkbox"/> 12"		T4 <u>24-30</u>		T4 <u>65</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 18"		T5 <u>24-30</u>		T5 <u>75</u>		<input type="checkbox"/> 24"	Pressure Test Time _____ Time _____ PSI _____ PSI _____
Trench Depth (in)	T1 <u>24-30</u>	Trench Length (ft)	T1 <u>57</u>	Trench Width	Rock Below Pipe																										
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Pressure Bed Dimensions: Length _____ Width _____ Absorption Area _____																															

Comments: SNOW FENCE INSTALLED 5-10-2005 CWL
966 FT² OF 18" DEPTH ROCK FILLED TRENCH
WELL NOT INSTALLED AT TIME OF INSPECTION

Inspector _____



SEPTIC PERMIT APPLICATION

Washington County Department of Public Health & Environment
 14949-62nd St N, P.O. Box 6, Stillwater MN 55082-0006
 651.430.6688 FAX: 651.430.6730

PERMIT NUMBER
2200-05-3

PROPERTY & APPLICANT INFORMATION

PROPERTY ADDRESS: 7154 - Good View Ave Farm ^{LOT 104} GEOCODE: 1702721240010 1.51

USE OF BUILDING: SINGLE FAMILY HOME NON-SINGLE FAMILY APPLICATION TYPE: NEW RENEWAL

APPLICANT

NAME(S) Shade Tree Const. Inc ADDRESS 18530 - ULYSSES ST ^{EXT B6 P460} MT. SOLL PHONE NUMBER(S) 763-434-7962

OWNER

NAME(S) ADDRESS PHONE NUMBER(S)

SYSTEM TYPE

STANDARD SYSTEM ALTERNATIVE SYSTEM EXPERIMENTAL SYSTEM SUBDIVISION REVIEW SOIL REVIEW

DRAINFIELD PRESSURE BED MOUND AT-GRADE TANK REPLACEMENT

CONSTRUCTED WETLAND COLLECTOR SYSTEM DRIP IRRIGATION HOLDING TANKS SAND FILTER

FLOODPLAIN SYSTEM GREYWATER SYSTEM PRIVY AEROBIC TREATMENT UNIT SYSTEM

FEE SCHEDULE - 2005

<input checked="" type="checkbox"/> APPLICATION FEE/SOIL REVIEW	\$215	APPLICATION FEE	<u>215</u>
<input checked="" type="checkbox"/> PERMIT FEE - DRAINFIELD OR PRESSURE BED	\$225	PERMIT FEE	<u>225</u>
<input type="checkbox"/> PERMIT FEE - MOUND OR AT-GRADE	\$370	SUBDIVISION REVIEW BASE FEE:	_____
<input type="checkbox"/> PERMIT FEE - ALTERNATIVE SYSTEM	\$370	LOTS: _____ x \$65 PER LOT	_____
<input type="checkbox"/> PERMIT FEE - EXPERIMENTAL SYSTEM	\$370	PENALTY	_____
<input type="checkbox"/> PERMIT FEE - TANK REPLACEMENT	\$90	TOTAL PERMIT FEE	<u>440</u>
<input type="checkbox"/> PERMIT FEE - REISSUANCE OF EXPIRED PERMIT	\$110		
<input type="checkbox"/> SUBDIVISION REVIEW	\$150 + \$65 PER LOT		
<input type="checkbox"/> PENALTY FOR FAILURE TO OBTAIN PERMIT PRIOR TO INSTALLATION	\$215		

Make Checks Payable to WASHINGTON COUNTY
SNOW FENCE INSPECTION

BORING BY B3 TO 48
NO REDOX O.BSTR. @ 48"

The following exhibits are required as part of the application and shall be attached hereto: Percolation Test Reports; Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of system and location of well(s); one (1) copy of the System Design; and one (1) copy of the Final Building Plan. The house and drainfield area must be staked. Inaccurate or incomplete information will result in delays in processing.

AGREEMENT: The undersigned hereby makes Application for Permit to install or Extend the Sewage Treatment System herein specified, agreeing that all work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches, and Design submitted herewith, and which are reviewed by Washington County, together with any requirements and/or restrictions made necessary by conditions peculiar to a particular location, shall become part of the permit. Applicant further agrees to provide access, at reasonable times, to Washington County for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION WILL VOID THE PERMIT. It shall be the responsibility of the applicant for the permit to notify the Office of the Washington County Department of Public Health & Environment that the installation is ready for inspection.

PERMITS WILL NOT BE ISSUED ONCE FROZEN GROUND CONDITIONS EXIST due to the inability to conduct soil reviews unless arrangements are made BY THE APPLICANT to provide a backhoe, geo-probe, or any other device that can penetrate the frozen soil to allow Washington County to conduct a soil review. In accordance with Minnesota Statute 15.99, Subdivision 2, Washington County has up to SIXTY (60) DAYS to review and approve or deny the permit application.

I hereby certify the above to be true and correct. I hereby give the Washington County Department of Public Health & Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavations or soil borings by the Department.

 Signature of Applicant (Owner or Contractor) 4-25-05
Date